

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032969

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 37-63

FILED SEP 5 1963

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EQUALITY TOWNSHIP		c. CITY OR TOWN ULMAN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MILLER County Nursing Home		d. STREET ADDRESS (If outside, give location)	
Length of stay in b MONTHS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JOHN WESLEY HORTON			4. DATE OF DEATH Month August Day 23 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/18/82	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) ULMAN, MISSOURI			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES R. HORTON		13b. MOTHER'S MAIDEN NAME KATIE NEAL		14. NAME OF HUSBAND OR WIFE MAUDE HORTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. [REDACTED]		
17. INFORMANT Bob CARIGO			Address ULMAN, MISSOURI		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease Thrombosis		INTERVAL BETWEEN ONSET AND DEATH acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) atherosclerosis & hypertension	10 yr
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour [REDACTED] s.m. [REDACTED] p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **1952** to **8-23-63** and last saw her/him alive on **8-6-63**
Death occurred at **8-23-63 - 4:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. Humphrey D.D.	22b. ADDRESS Tuscumbia, Mo.	22c. DATE SIGNED 8-26-63
--	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/25/63	23c. NAME OF CEMETERY OR CREMATORY GOTT Cemetery	23d. LOCATION (City, town, or county) (State) ULMAN, MISSOURI
--	-----------------------------	--	---

24. FUNERAL DIRECTOR Walter Hedges	25. DATE RECD. BY LOCAL REG. August 29, 1963	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0660
2 0660
3
4 0
5 2
6
7 0
8 0
9 420.1
10
11
12 862
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No.

4265

P. O. Address

Camden, Me

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.